



01/01/2021

**RECEIPT OF PAYMENT .....**

**TO: Anju Joy**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE OverseasCare™ Visitors Insurance™ Plan "**

**CERTIFICATE NUMBER: 691802051768**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 70.20 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX3227      Exp Date :12/2025**

**THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS FOR YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.**